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30423 7998 06/06/09

STMICROELECTRONICS, INC.
MAIL STATION 2346
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CARROLLTON, TX 75006

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Deposited in envelope
Telephone
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/795,962	03/08/2004	Clarke Avery	851663-004	8072
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TITLE OF INVENTION: DEVICE AND PROCESS FOR USE IN ENCODING AUDIO DATA

02-SIN-020

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEES DUE	DATE DUE
Non-International	NO	\$1510	\$300	\$0	\$1810	11/06/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
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A.BIRATTALI BRIAN LOUIS	2626	704-200100
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.36).

Change of correspondence address (or Change of Correspondence Address Form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication Form PTO/SB/47, Rev. 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list:

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm having as a member a registered attorney or agent and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 David V. Carlson

2 Lisa K. Jorgenson

3

3. ASSIGNOR'S NAME AND RESIDENCE/DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed (or recorded) as set forth in 37 CFR 1.1. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

STMicroelectronics Asia Pacific Pte. Ltd. Singapore

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4. The following fee(s) are submitted:

4b. Payment of Fee(s). (Please first remit any previously paid issue fee shown above)

Issue Fee

Publication Fee (No small entity discount permitted)

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The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-1395. (Enclose an extra copy of this form.)

5. Change in Entity Status (status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(7)

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Authorized Signature

Date 10-27-04

Typed or printed name Patrick C.R. Holmes

Registration No. 46,382

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